271U Eligibility, Coverage or Benefit Information

HIPAA/V5010X279A1/271 : 271 Eligibility, Coverage or Benefit Information

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Notes:	

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Functional Group=HB

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0100	ST	Transaction Set Header	M	1			Required
0200	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
0100	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					**1**		
0300	NM1	Information Source Name	O	1			Required
LOOP ID - 2000B					**>1**		
0100	HL	Information Receiver Level	O	1			Situational
LOOP ID - 2100B					**1**		
0300	NM1	Information Receiver Name	O	1			Required
LOOP ID - 2000C					**>1**		
0100	HL	Subscriber Level	O	1			Situational
LOOP ID - 2100C					**1**		
0300	NM1	Subscriber Name	O	1			Required
LOOP ID - 2110C					**>1**		
1300	EB	Subscriber Eligibility or Benefit Information	O	1			Situational
1500	DTP	Subscriber Eligibility/Benefit Date	O	20			Situational
4100	SE	Transaction Set Trailer	M	1			Required

ST   Transaction Set Header

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required
Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required

Code	Name
271	Eligibility, Coverage or Benefit Information

ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
ST03	1705	**Implementation Convention Reference**	O	AN	1/35	Required

BHT Beginning of Hierarchical Transaction

Pos: 0200	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Required
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4	Required

Code	Name
0022	Information Source, Information Receiver, Subscriber, Dependent

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required

Code	Name
11	Response

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT03	127	**Reference Identification**	O	AN	1/50	Situational
BHT04	373	**Date**	O	DT	8/8	Required
BHT05	337	**Time**	O	TM	4/8	Required

HL   Information Source Level

Pos: 0100	Max: 1
Detail - Mandatory	
Loop: 2000A	**Elements: 3**

User Option (Usage): Required
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Code	Name
20	Information Source

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Code	Name
0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Information Source Name

<table>
<tr><td>Pos: 0300</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop:
2100A</td><td>Elements: 8</td></tr>
</table>

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Code	Name
P5	Plan Sponsor

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Code	Name
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required
NM104	1036	**Name First**	O	AN	1/35	Situational
NM105	1037	**Name Middle**	O	AN	1/25	Situational
NM107	1039	**Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

ExternalCodeList
Name: 245
Description: National Association of Insurance Commissioners (NAIC) Code
ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier
ExternalCodeList
Name: 540
Description: Health Care Financing Administration National PlanID

HL　Information Receiver Level

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 4

User Option (Usage): Situational
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Code	Name
21	Information Receiver

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Code	Name
0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Information Receiver Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100B	**Elements: 8**

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Code	Name
PR	Payer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Situational
NM104	1036	**Name First**	O	AN	1/35	Situational
NM105	1037	**Name Middle**	O	AN	1/25	Situational
NM107	1039	**Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required

ExternalCodeList
Name: 540
Description: Health Care Financing Administration National PlanID
ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

HL   Subscriber Level

Pos: 0100	**Max: 1**
Detail - Optional	
Loop: 2000C	**Elements: 4**

User Option (Usage): Situational
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required

Code	Name
22	Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Code	Name
0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Subscriber Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Code	Name
IL	Insured or Subscriber

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Code	Name
1	Person
2	Non-Person Entity

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Situational
NM104	1036	**Name First**	O	AN	1/35	Situational
NM105	1037	**Name Middle**	O	AN	1/25	Situational
NM107	1039	**Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational

Code	Name
II	Standard Unique Health Identifier for each Individual in the United States
MI	Member Identification Number

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

EB   Subscriber Eligibility or Benefit Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 10

User Option (Usage): Situational
Purpose: To supply eligibility or benefit information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
EB01	1390	**Eligibility or Benefit Information Code**	M	ID	1/2	Required

Code	Name
1	Active Coverage
2	Active - Full Risk Capitation
3	Active - Services Capitated
4	Active - Services Capitated to Primary Care Physician
5	Active - Pending Investigation
6	Inactive
7	Inactive - Pending Eligibility Update
8	Inactive - Pending Investigation
A	Co-Insurance
B	Co-Payment
C	Deductible
D	Benefit Description
E	Exclusions
F	Limitations
G	Out of Pocket (Stop Loss)
H	Unlimited
I	Non-Covered
J	Cost Containment
K	Reserve
L	Primary Care Provider
M	Pre-existing Condition
N	Services Restricted to Following Provider
O	Not Deemed a Medical Necessity
P	Benefit Disclaimer
Q	Second Surgical Opinion Required
R	Other or Additional Payor
S	Prior Year(s) History
T	Card(s) Reported Lost/Stolen
U	Contact Following Entity for Eligibility or Benefit Information
V	Cannot Process
W	Other Source of Data
X	Health Care Facility
Y	Spend Down
CB	Coverage Basis
MC	Managed Care Coordinator

Ref	Id	Element Name	Req	Type	Min/Max	Usage
EB02	1207	**Coverage Level Code**	O	ID	3/3	Situational

Code	Name
CHD	Children Only
DEP	Dependents Only
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse

		FAM Family				
		IND Individual				
		SPC Spouse and Children				
		SPO Spouse Only				
EB03	1365	**Service Type Code**	O	ID	1/2	Situational

Code	Name
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood Charges
11	Used Durable Medical Equipment
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	Health Benefit Plan Coverage
32	Plan Waiting Period
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Routine (Preventive) Dental
42	Home Health Care
43	Home Health Prescriptions
44	Home Health Visits
45	Hospice
46	Respite Care
47	Hospital
48	Hospital - Inpatient
49	Hospital - Room and Board

50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home

A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AQ	Nonmedically Necessary Physical
AR	Experimental Drug Therapy
B1	Burn Care
B2	Brand Name Prescription Drug - Formulary
B3	Brand Name Prescription Drug - Non-Formulary
BA	Independent Medical Evaluation
BB	Partial Hospitalization (Psychiatric)
BC	Day Care (Psychiatric)
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BH	Pediatric
BI	Nursery
BJ	Skin
BK	Orthopedic
BL	Cardiac
BM	Lymphatic
BN	Gastrointestinal
BP	Endocrine
BQ	Neurology
BR	Eye
BS	Invasive Procedures
BT	Gynecological
BU	Obstetrical
BV	Obstetrical/Gynecological
BW	Mail Order Prescription Drug: Brand Name
BX	Mail Order Prescription Drug: Generic
BY	Physician Visit - Office: Sick
BZ	Physician Visit - Office: Well
C1	Coronary Care
CA	Private Duty Nursing - Inpatient
CB	Private Duty Nursing - Home

CC	Surgical Benefits - Professional (Physician)
CD	Surgical Benefits - Facility
CE	Mental Health Provider - Inpatient
CF	Mental Health Provider - Outpatient
CG	Mental Health Facility - Inpatient
CH	Mental Health Facility - Outpatient
CI	Substance Abuse Facility - Inpatient
CJ	Substance Abuse Facility - Outpatient
CK	Screening X-ray
CL	Screening laboratory
CM	Mammogram, High Risk Patient
CN	Mammogram, Low Risk Patient
CO	Flu Vaccination
CP	Eyewear and Eyewear Accessories
CQ	Case Management
DG	Dermatology
DM	Durable Medical Equipment
DS	Diabetic Supplies
GF	Generic Prescription Drug - Formulary
GN	Generic Prescription Drug - Non-Formulary
GY	Allergy
IC	Intensive Care
MH	Mental Health
NI	Neonatal Intensive Care
ON	Oncology
PT	Physical Therapy
PU	Pulmonary
RN	Renal
RT	Residential Psychiatric Treatment
TC	Transitional Care
TN	Transitional Nursery Care
UC	Urgent Care

EB04   1336   **Insurance Type Code**   O   ID   1/3   Situational

Code	**Name**
D	Disability
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary
AP	Auto Insurance Policy
C1	Commercial
CO	Consolidated Omnibus Budget Reconciliation Act (COBRA)
CP	Medicare Conditionally Primary
DB	Disability Benefits
EP	Exclusive Provider Organization
FF	Family or Friends

	GP	Group Policy				
	HM	Health Maintenance Organization (HMO)				
	HN	Health Maintenance Organization (HMO) - Medicare Risk				
	HS	Special Low Income Medicare Beneficiary				
	IN	Indemnity				
	IP	Individual Policy				
	LC	Long Term Care				
	LD	Long Term Policy				
	LI	Life Insurance				
	LT	Litigation				
	MA	Medicare Part A				
	MB	Medicare Part B				
	MC	Medicaid				
	MH	Medigap Part A				
	MI	Medigap Part B				
	MP	Medicare Primary				
	OT	Other				
	PE	Property Insurance - Personal				
	PL	Personal				
	PP	Personal Payment (Cash - No Insurance)				
	PR	Preferred Provider Organization (PPO)				
	PS	Point of Service (POS)				
	QM	Qualified Medicare Beneficiary				
	RP	Property Insurance - Real				
	SP	Supplemental Policy				
	TF	Tax Equity Fiscal Responsibility Act (TEFRA)				
	WC	Workers Compensation				
	WU	Wrap Up Policy				

EB05	1204	**Plan Coverage Description**	O	AN	1/50	Situational
EB06	615	**Time Period Qualifier**	O	ID	1/2	Situational

Code	Name
6	Hour
7	Day
13	24 Hours
21	Years
22	Service Year
23	Calendar Year
24	Year to Date
25	Contract
26	Episode
27	Visit
28	Outlier
29	Remaining
30	Exceeded
31	Not Exceeded
32	Lifetime
33	Lifetime Remaining
34	Month
35	Week
36	Admission

EB09	673	**Quantity Qualifier**	X	ID	2/2	Situational

Code	Name

	Code	Name
	8H	Minimum
	99	Quantity Used
	CA	Covered - Actual
	CE	Covered - Estimated
	D3	Number of Co-insurance Days
	DB	Deductible Blood Units
	DY	Days
	HS	Hours
	LA	Life-time Reserve - Actual
	LE	Life-time Reserve - Estimated
	M2	Maximum
	MN	Month
	P6	Number of Services or Procedures
	QA	Quantity Approved
	S7	Age, High Value
	S8	Age, Low Value
	VS	Visits
	YY	Years

EB10	380	**Quantity**	X	R	1/15	Situational

EB11	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational

	Code	**Name**
	N	No
	U	Unknown
	Y	Yes

EB12	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational

	Code	**Name**
	N	No
	U	Unknown
	W	Not Applicable
	Y	Yes

DTP   Subscriber Eligibility/Benefit Date

Pos: 1500	Max: 20
Detail - Optional	
Loop: 2110C	**Elements: 3**

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Code	Name
193	Period Start
194	Period End

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Code	Name
D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

SE Transaction Set Trailer

Pos: 4100	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required